

AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



Customer No.: 23696
Attorney Docket No.: 020190
In Re Application of: Srinivas Roa *et al.*
Serial Number: 10/726,939
Filed: December 3, 2003
Examiner: Dieu Minh T. Le
Group Art Unit: 2114

gfw ✓

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

| CLAIMS | (a) Number Remaining After Amendment | (b) Highest Number Previously Paid For | (c) Extra Claims | Large Entity Fee | Fee Paid |
|--|--|---|------------------------|--|----------|
| Total* | 16 | 20 | 0 | x \$50 = | \$0 |
| Independent** | 3 | 4 | 0 | x \$200 = | \$0 |
| Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | \$360 | \$ |
| EXTENSION FEES | | | | <input type="checkbox"/> One Month | \$120 |
| | | | | <input type="checkbox"/> Two Months | \$450 |
| | | | | <input checked="" type="checkbox"/> Three Months | \$1020 |
| TERMINAL DISCLAIMER | | | | \$130 | \$ |
| | | | | TOTAL FEE | \$1020 |

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$1020.00.
The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: March 24, 2006

Signature: Sandip S. Micky

Sandip S. (Micky) Minhas, Reg. No. 44,945
(858) 651-4908

QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: Deborah Dean
(type or print name)

Date: March 24, 2006

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office on February ____, 2006

Depositor's Name: _____
(type or print name)

Signature: _____